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=> d his

     (FILE 'HOME' ENTERED AT 15:24:57 ON 09 FEB 2004)

     FILE 'EUROPATFULL, PATDPAFULL, PCTFULL, RDISCLOSURE, USPATFULL, USPAT2'
     ENTERED AT 15:28:53 ON 09 FEB 2004
L1          858 S TOPIRAMATE
L2           55 S L1(S)(GABA OR ANTICOVULSANT?)
L3            1 S L2 NOT PY>=1998

     FILE 'CAPLUS' ENTERED AT 15:36:36 ON 09 FEB 2004
L4          458 S 97240-79-4/RN
L5           79 S L4 AND (DEPEND? OR ADDICT OR ABUSE OF WITHDRAW?)
L6            7 S L5 NOT PY>=1998
L7           47 S L4 AND (GABA OR ANTICOVULSANT?)
L8            5 S L7 NOT PY>=1998

=>
```

09/776,117

L8 ANSWER 3 OF 5 CAPLUS COPYRIGHT 2004 ACS on STN
ACCESSION NUMBER: 1997:551529 CAPLUS
DOCUMENT NUMBER: 127:229042
TITLE: Topiramate: current status and therapeutic potential
AUTHOR(S): Ben-Menachem, Elinor
CORPORATE SOURCE: Department of Neurology, Sahlgren's Hospital, University of Goteborg, Goteborg, 41345, Swed.
SOURCE: Expert Opinion on Investigational Drugs (1997), 6(8), 1085-1094
CODEN: EOIDER; ISSN: 0967-8298
PUBLISHER: Ashley Publications
DOCUMENT TYPE: Journal; General Review
LANGUAGE: English

AB A review with 73 refs. Topiramate (TPM) is a structurally unique, highly effective new antiepileptic drug (AED). Three mechanisms of action that may contribute to TPM anticonvulsant activity include modulation of voltage-dependent sodium channels, potentiation of gammaaminobutyric acid (**GABA**)-induced chloride fluxes and blockade of kainate glutamate receptors. TPM is rapidly absorbed, has linear pharmacokinetics, a half-life of 20 - 30 h in the absence of hepatic-enzyme-inducing AEDs, and few pharmacokinetic interactions with other drugs. TPM is not extensively metabolized and is excreted renally. The most common adverse effects reported in controlled trials were mild to moderate in severity, mainly CNS-related, and occurred most frequently during the titrn. period when the TPM dosage was rapidly increased. Combined data from five double-blind, placebo-controlled trials showed TPM produced statistically significant redns. in seizures regardless of age, gender or baseline seizure frequency. Seizure control appears to be maintained with long-term TPM therapy; no evidence of tolerance was seen in patients receiving TPM for periods of up to 7 yr. Preliminary findings on TPM as monotherapy for partial epilepsy and as adjunctive therapy for generalized tonic-clonic seizures of non-focal origin, Lennox-Gastaut syndrome, and partial epilepsy in children have been promising.

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> s l1/cn
             1 TOPIRAMATE/CN
             1 TOPOMAX/CN
L2           1 (TOPIRAMATE/CN OR TOPOMAX/CN)

=> d rn str cn

L2   ANSWER 1 OF 1  REGISTRY  COPYRIGHT 2003 ACS
RN   97240-79-4  REGISTRY

Absolute stereochemistry.  Rotation (-).
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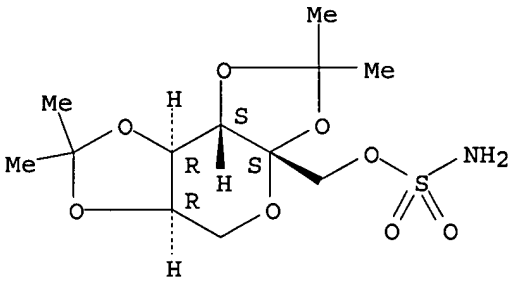


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**PROPERTY DATA AVAILABLE IN THE 'PROP' FORMAT**

CN   .beta.-D-Fructopyranose, 2,3:4,5-bis-O-(1-methylethylidene)-, sulfamate
     (9CI)  (CA INDEX NAME)
OTHER CA INDEX NAMES:
CN   5H-Bis[1,3]dioxolo[4,5-b:4',5'-d]pyran, .beta.-D-fructopyranose deriv.
OTHER NAMES:
CN   2,3:4,5-Bis-O-(1-methylethylidene) .beta.-D-fructopyranose sulfamate
CN   McN 4853
CN   RWJ 17021
CN   Topamax
CN   Topiramate
CN   Topomax
```